Education **+** Planning **=** Prepared

Emergency Checklist

Important People and Papers

Gather contact numbers and papers

Get prepared. People who are prepared for emergencies usually stay safer when something happens than people who are not ready.

The purposes of this "Important People and Papers" booklet are to organize contact information so you can reach your support network and other important contacts, and organize copies of important papers that you may need in an emergency.

In an emergency, don't count that regular communication will work. Electricity may be out, phones, including cell phones, and wireless devices may not work. Plan how your support network partners will contact you in an emergency if the telephone does not work.

Contact your support network partners regularly to confirm their readiness to check with you in an emergency and their ability to come to your aid if needed. If you arranged for transportation in an emergency, check in every couple of months with your transportation contact person to make sure that your plan will still work.

Review your contacts and papers every couple months to make sure the information is still current.

1. Personal Support Network

Build a personal support network of people who have agreed to check with you in an emergency and help you if needed.

- ○ If possible, have more than one support person in case your designated person is not able to help you.

- ○ If you decide to, give keys to your support network partners.

- ○ Tell your support network partners where you keep emergency supplies.

- ○ If you decide to, give copies of your plan, copies of important papers, emergency plans, and written instructions to your support network partners.

- ○ Plan how your support network partners will contact you in an emergency if the telephone does not work.

- ○ Contact your support network partners regularly to confirm their ability to check with you in an emergency and to come to your aid if needed.

Local phones may not work during an emergency. It may be easier to call a support network person long distance than to call someone within your area. The long distance person can serve as the point of contact.

- ○ Identify a relative or friend - someone who lives about 100 miles away - to be your out-of-town contact person during an emergency.

- ○ Instruct your support network partners to try to call your out-of-town contact person to report your condition and your location.

- ○ Make a list of your support network partners, your out-of-town contact person, local service providers and emergency response agencies.

2. Emergency Contact List

During and after an emergency the 911 system may be overwhelmed with calls or out of service entirely. Make a list of direct-dial telephone numbers, cell phone numbers, e-mail addresses, and any alternate methods of contact.

○ Out-of-town contact person: _____

Contact:

○ Support network person: _____

Contact:

○ Support network person: _____

Contact:

○ Support network person: _____

Contact:

○ Police department/county sheriff: _____

Contact:

○ Fire department: _____

Contact:

○ Local Red Cross: _____

Contact:

○ Case manager, service coordinator or other provider: _____

Contact:

Emergency Contact List (continued)

○ Service and repair for medical equipment: _____
  Contact:

○ Primary physician: _____
  Contact:

○ Other treatment providers: _____
  Contact:

○ Other treatment providers: _____
  Contact:

○ Other treatment providers: _____
  Contact:

○ Pharmacy/prescription mail order: _____
  Contact:

○ Electric company: _____
  Contact:

○ Gas company: _____
  Contact:

○ Water company: _____
  Contact:

Emergency Contact List (continued)

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

○ Other emergency contact: _____

Contact:

3. Important Documents and Papers

During and after an emergency you will need important documents. Keep copies of your important documents in this folder, together with your emergency contacts. Store your original documents in another place, one that is waterproof and fireproof if possible.

Prepare an Emergency Health Information Card to carry with you at all times. Keep a copy with your important papers. Your Card should list your name, address, phone number, medications, equipment, allergies and sensitivities, sensory and communication limitations, treatment wishes, case manager, service coordinator or other providers, their names and telephone numbers, your family, contact people, and support network partners.

○ Emergency Health Information Card

○ license, state identification or passport

○ recent photo, if you have no license, state identification or passport

○ birth certificate

○ Social Security card

○ food stamps card or eligibility letter

○ extra copies of medication prescriptions

○ Social Security benefits (SSI or SSDI) eligibility letter

○ private health insurance, Medicaid and Medicare cards

○ power of attorney, health care power of attorney, living will forms

○ written instructions to turn off your utilities

○ written instructions for your personal care, transport and medical equipment

Patient Health and History Form

Child's Full Name: _____

Street Address: _____

City/State/Zip: _____

Birth date: _____ Social Security #: _____

Medical Coverage:

Primary Insurance: _____ ID # _____ Group # _____

Secondary Insurance: _____ ID # _____ Group # _____

Medicaid #: _____

Other: _____

Hospital Record #: _____

Parents/Guardians:

Names: _____

Street Address: _____

City/State/Zip: _____

Home phone: _____ Work phone: _____ Other Work phone: _____

Cell phone: _____ Other Cell phone: _____

In case of emergency and parents cannot be reached, contact:

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Name: _____ Relationship: _____ Phone number: _____

Diagnosis and Medical History:

_____

_____

_____

_____

_____

_____

_____

_____

Current List of Physicians and Specialists

Name: _____ Specialty: _____ Phone: _____

Address: _____

Name: _____ Specialty: _____ Phone: _____

Address: _____

Name: _____ Specialty: _____ Phone: _____

Address: _____

Name: _____ Specialty: _____ Phone: _____

Address: _____

Name: _____ Specialty: _____ Phone: _____

Address: _____

Name: _____ Specialty: _____ Phone: _____

Address: _____

Name: _____ Specialty: _____ Phone: _____

Address: _____

Surgeries and Extended Illnesses

Date	Surgery/Illness	Reason	Surgeon/Physician	Outcome and Comments

Tests and Treatments

Date	Test/Treatment	Reason	Physician/Professional	Results

Medications

Name of medication	Reason taking med	Dosage	Time given

Special instructions:

_____

_____

Allergies: _____

Immunization dates

DPT/DT	1.	2.	3.	4.	5.
TD	1.	2.	3.	4.	5.
OPV	1.	2.	3.	4.	5.
MMR	1.	2.			
HIB	1.	2.	3.	4.	
Hep B	1.	2.	3.	4.	
Varicella	1.	2.			

Previous reactions to immunizations or other comments:

_____

_____

Seizures

Type	What happens	How often	Response required

Present treatment/medications: _____

Comments: _____

_____

_____

Tube Feeding Schedule

Name of substance	Dosage	Time given

Food allergies:

_____
_____

Oral status:

_____
_____

Other information:

_____
_____
_____
_____

Gastro Status

History:

_____
_____

Interventions needed:

_____
_____

Respiratory Status

History:

_____
_____

Interventions needed:

_____
_____

Communication Skills (verbal/hearing/vision/assistive technology usage)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Mobility Skills/Equipment

_____
_____
_____

Provider: _____ Phone: _____

Home Medical Supplies and Equipment

_____
_____
_____

Provider: _____ Phone: _____

Home Health Care
Provider: _____ Phone: _____
Provider: _____ Phone: _____

School
Name of school: _____ IEP? _____ 504 plan? _____
Address _____
Contact person: _____ Phone: _____
Other information:

_____
_____

Current Therapy Services
Name of provider: _____ Type of service_____
Address _____
Contact person: _____ Phone: _____
Other information:

_____
_____

Name of provider: _____ Type of service_____
Address _____
Contact person: _____ Phone: _____
Other information:

_____
_____